

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. W1878.0190/P0190

First Inventor Masahiko Nakayama

Title ADJUSTMENT DEVICE WITH SHIFT AMOUNT
CONTROL CIRCUIT

Express Mail Label No. _____

17497 U.S. PTO
10/631897
08/01/03


APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 23] (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Form (CRF)
<ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5]	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. Oath or Declaration [Total Sheets 1]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney
a. <input type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-SB-08 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	13. <input checked="" type="checkbox"/> Preliminary Amendment
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:	
<input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)	of prior application No.: 09/603,779
Prior application information: Examiner Chuong D. Ngo Art Unit: 2124	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	

ACCOMPANYING APPLICATIONS PARTS

9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney
11. <input type="checkbox"/> English Translation Document (if applicable)
12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-SB-08 <input type="checkbox"/> Copies of IDS Citations
13. <input checked="" type="checkbox"/> Preliminary Amendment
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. <input checked="" type="checkbox"/> Other: <input type="checkbox"/> Change of Correspondence Address Claim to Priority

19. CORRESPONDENCE ADDRESS

 Customer Number: _____ OR Correspondence address below

Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Steven I. Weisburd				
Address	1177 Avenue of the Americas 41st Floor				
City	New York	State	NY	Zip Code	10036-2714
Country	US	Telephone	(212) 835-1400		Fax (212) 997-9880

Name (Print/Type)	Ian R. Blum	Registration No. (Attorney/Agent)	42,336
Signature			Date August 1, 2003

15915 U.S. PTO
08/01/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 750.00)

Complete if Known

Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Masahiko Nakayama
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	W1878.0190/P0190

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account

Deposit Account Number 50-2215

Deposit Account Name Dickstein Shapiro Morin & Oshinsky LLP

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	<input type="text"/> x <input type="text"/> = <input type="text"/>	<input type="text"/>
Independent Claims	-3** =	<input type="text"/> x <input type="text"/> = <input type="text"/>	<input type="text"/>
Multiple Dependent		<input type="text"/> = <input type="text"/>	<input type="text"/>

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

** or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

SUBMITTED BY				
Name (Print/Type)	Ian R. Blum	Registration No. (Attorney/Agent)	42,336	Telephone (212) 896-5458
Signature			Date	August 1, 2003

**DECIBEL ADJUSTMENT DEVICE WITH SHIFT AMOUNT CONTROL
CIRCUIT**

Cross-Reference to Related Applications

This is a divisional of U.S. Patent Application Serial No. 09/603,779, filed June 26, 2000 in the name of Masahiko Nakayama.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i>		Application Number	Not Yet Assigned
Address to:	Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Filing Date	Concurrently Herewith
		First Named Inventor	Masahiko Nakayama
		Art Unit	N/A
		Examiner Name	Not Yet Assigned
		Attorney Docket No.	W1878.0190/P0190

Please change the Correspondence Address for the above-identified application to:

Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Steven I. Weisburd DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP			
Address		1177 Avenue of the Americas 41st Floor			
City	New York	State	NY	Zip	10036-2714
Country	US				
Telephone	(212) 835-1400		Fax	(212) 997-9880	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

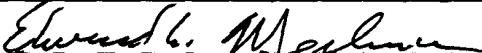
I am the:

 Applicant/Inventor Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

 Attorney or Agent of record. Registration Number 24,735 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name	Edward A. Meilman		
-----------------------	-------------------	--	--

Signature			
-----------	---	--	--

Date	August 1, 2003	Telephone	(212) 896-5471
------	----------------	-----------	----------------

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.